

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
Program Evaluation**

Saving the Teen Driver

Date: _____
ASNA Number: 5-91.472 ABN Provider Number: ABNP0387

Complete this section only if you are viewing this program outside of an Alabama Department of Public Health site via satellite broadcast so that your CE Certificate can be mailed to you.

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

I attest that I viewed at least 85% of this program (signature of participant): _____

Note: ADPH employees should return completed evaluation and sign in sheet to their Site Facilitator. For non-ADPH employees, the completed evaluation and sign-in sheet should be mailed within 3 working days to: Kristi Mitchell, Bureau of Professional and Support Services, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL 36130-3017.

All participants should complete this section.

Discipline: RN/CRNP LPN SW RD Other _____

Shade in the circle under the number you think best evaluates this educational offering using the following scale: 5=very useful; 4=useful; 3=average; 2=not useful; or 1=unacceptable

	5	4	3	2	1
Teaching Effectiveness of Presenter(s):	○	○	○	○	○
Course Content Objectives Met:	○	○	○	○	○

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in viewing: _____